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ABSTRACT

A demonstration project was conducted involving itinerant educational consultant services for preschool visually handicapped children with the objective of preventing social and sensory deprivation and of developing personal independence. Channels were established for referral of applicable visually handicapped preschool children to the program. Selected preschools for children other than visually handicapped children agreed to admit visually handicapped children and received supportive services to handle the visually handicapped child. Where needed, an itinerant teacher visited the homes of preschool visually handicapped children. For each of the 28 children involved in the study, the birthdate, diagnosis, vision, referral, and services rendered were reported. The Social Maturity Scale for Blind Preschool Children (Maxfield and Buchholz, 1957) was the standardized evaluation tool used in many cases. Although success was thought to be intuitively apparent in various cases, the complexity of the children's problems precluded definitive measurements of progress in all cases. Appended were four reports by an instructional aide, two mobility students, and a nursery school teacher of their experiences in working with the preschool visually handicapped children. (CB)

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EXCEPTIONAL CHILDREN'S PROGRAM

A PLAN FOR ITINERANT EDUCATIONAL CONSULTANT SERVICES FOR PRESCHOOL VISUALLY HANDICAPPED CHILDREN

PROJECT NO. 48-0119-02-012

GLORIA GAYLE PARK, PROJECT DIRECTOR

1970 - 71

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I. INTRODUCTION

Because of sensory deprivation, severely visually impaired children are unable to participate in many of the early life experiences available to sighted children. Because of mental, physical or emotional impairment, this problem is exaggerated for those multi-handicapped visually impaired children. Consequently, these children are often unable to develop a healthy body image, a sense of personal security, an adequate perceptual motor background, or satisfying social competencies.

A Plan for Itinerant Educational Consultant Services for Preschool Visually Handicapped Children was conducted by Allegheny County Schools Exceptional Children's Program during the 1969-70 school year, with funds allocated through the Commonwealth of Pennsylvania under Title VI-A of the Elementary and Secondary Education Act, as a pilot project to demonstrate a method by which early educational intervention would be provided to visually handicapped children before the effects of sensory and social deprivation become acute.

The following agencies coordinated their services with the project:

Developmental Clinic, Children's Hospital of Pittsburgh

Pittsburgh Branch, Pennsylvania Association for the Blind

Department of Special Education and Rehabilitation, University of Pittsburgh

II. OBJECTIVES AND PROCEDURES

Objectives

1. Preschools which are being conducted for children other than visually handicapped children will admit visually handicapped children.

2. Supportive services will be available for teachers who admit visually handicapped children into preschool classes.

Procedures

The teacher-director, also called special teacher, who is a member of the Pittsburgh Area Pre-school Association, talked to the president of that organization who encouraged member preschool teachers to co-operate in efforts to place visually handicapped children in area preschools. The teacher-director visited several preschools in areas where specific children lived and evaluated their services for suitability of programs. Four nursery schools expressed a desire to welcome visually handicapped children into their classes whenever openings were available.

One school, The Mt. Lebanon United Methodist Church, actually accepted a blind child in its class. Supportive services were given daily for one week by an aide and after that the teacher-director visited the classroom daily. The teachers were prepared through conversation and literature. The child was prepared through pre-visits with the teacher-director and a mobility specialist. The Pennsylvania Association for the Blind was able to secure scholarship money through a local Lions Club. The child progressed well and was accepted back for the 1971-72 term. Another child has been accepted

at a local nursery school for the 1971-72 term.

Several children with severe multihandicaps were already enrolled in agency preschools. The teacher-director visited the children in these schools, giving consultive services to the teachers and in the case of two children worked directly with the child on a regular basis. A letter was sent to all agencies which deal with exceptional children offering the services of the teacher-director (See Appendix 1)

Objectives

3. All preschool age visually handicapped children in Allegheny County may receive individual educational instruction.

4. Parents (especially mothers) will be encouraged to develop realistic aspirations for their children and will receive instruction and demonstration of the appropriate educational methods necessary to teach their children.

Procedures

The report of the Title VI-A Project, A Survey to Identify Preschool Handicapped Children Under Eight Years of Age (April 1970) was utilized as a referral list. The parents of all the children listed as visually handicapped were contacted by phone or by letter, informing them of the services. The teacher-director evaluated the children and initiated services whenever the child qualified. Additional referrals were received through the Pennsylvania Association for the Blind, local optholmalogists, school officials and parents.

The nature of the service rendered differed with the needs of the individual child. Those who were unable to attend preschool classes because they were too young or because they were too involved with multiple handicaps were given educational instruction in their homes by the teacher director. Skills of orientation, mobility, social competence, awareness of body image, utilization of residual vision and language development were emphasized.

The teacher director instructed parents in educational techniques which they could use to teach their own children, often providing special equipment and toys. She counselled parents in educational problems, encouraging them to accept realistic goals and acquainting them with the options available.

Objectives

5. Procedures will be developed by which medical personnel and social agencies will refer visually handicapped children for educational services.

6. Social workers and medical personnel will be provided with information concerning the present and future educational opportunities for individual visually handicapped children.

Procedure

The teacher director developed with the eye doctors of Allegheny County, a system of joint automatic referral to the Allegheny County Exceptional Children's Program and the social services of the Pennsylvania Association for the Blind, of all visually handicapped children with whom they work. (See Appendix 2). Through the

utilization of this system the teacher-director has been able to serve infants who would otherwise have had to wait several years for service. It is in these very early months of life that much sensory deprivation takes place and when the parents of a blind child need much support and encouragement in working with their baby.

The teacher-director worked carefully with the staff of the Developmental Clinic of Children's Hospital, attending staffings on individual children and consulting with doctors, nurses and psychologists whenever necessary. The special teacher also worked very closely with the caseworkers at the Pennsylvania Association for the Blind in developing programs for individual children. A medical, psycho-social, educational team approach was developed.

Objectives

7. Allegheny County Schools Exceptional Children's Program will have more reliable data concerning the number of visually handicapped children who will require services each year.

8. Visually handicapped children will be identified before first grade and can receive special services as soon as they attend school.

The special teacher was able to do an extensive evaluation of seven kindergarten age children. She recommended four of them for placement in special vision classrooms in the first grade. This enabled these children to make full use of their important first grade year -- a year that too often is lost in frustration and failure by visually handicapped children. Familiarity with all the

visually handicapped preschool children in Allegheny County can facilitate planning the future public school programs. The special teacher worked with five kindergarten teachers in planning adequate programs for visually handicapped children in their classes.

Objective

9. More professional personnel will be encouraged to enter the field of education of preschool handicapped children.

Procedure

The special teacher co-operated with members of the Department of Special Education and Rehabilitation, University of Pittsburgh in serving as a co-ordinating teacher in the practicum of students in the area of mobility and orientation, and education of the visually handicapped. A special studies student in orientation and mobility increased the contact time with one four year old blind child with autistic behavior. (See Appendix 3)

III. TYPES OF CHILDREN

Because of the complex nature of many of the children involved in this project, the children have been arbitrarily divided into two categories; those who are educationally blind and those who are partially sighted. Educably blind children will probably use Braille. Partially seeing children are those with useful vision.

Child 1. M., female

Birthdate: 1-13-67

Diagnosis: No Optic Nerve

Vision: N.I.L. *

Referral: Pennsylvania Association for the Blind

Services:

I visited the home and discussed the program with mother. She had already made arrangements for this very able preschool child to enter the Western Pennsylvania School for Blind Children in their preschool program. Therefore, I did not see this child again, even though I thought she would have gained much from attending a preschool for sighted children.

*Standard abbreviation for reporting children with low vision(Appendix 4)

Child 2. R., female

Birthdate: 8-6-67

Diagnosis: Retrolental Fibroplasia
Retinal Detachment O.U.

Vision: L.P.O.U.

Referral: Pennsylvania Association for the Blind

Services:

R. attended the Title VI-ESEA Project on Developing Independence in Preschool Visually Handicapped Children during the summer of 1970. After several weekly sessions with R. in her home, the teacher-director felt that although R. was developed mentally within the norms for her age group and her mobility appeared excellent, there were two areas that needed special attention; speech and play. Her vocabulary and pronunciation were adequate but she did not speak spontaneously. Most of her speech was echolalic and she seldom initiated conversation. She very quickly lost interest in playing. After several weeks of discussion the mother agreed that a nursery school might be helpful. A large church on the corner of their street sponsored an excellent nursery school. Arrangements were made through the Pennsylvania Association for the Blind for tuition money.

The teacher-director had conversations with the director and teacher, giving them literature on blind children. A mobility specialist accompanied the child, the special teacher and the mother on visits to the room before R. actually started. No changes were felt necessary in the rooms or routine. R. started regularly in January.

An aide stayed in the classroom the first week but her services were not needed after that. (See Appendix 5). The teacher-director visited the classroom weekly giving suggestions, answering questions and sometimes providing equipment. Changes notices in behavior over a period of time:

1. By April R. was initiating short conversation with trusted adults such as nursery school teachers and special teacher. These usually consisted of stating a desire such as wanting to use the sliding board, wash her hands or using the play dough. If the routine were different she would make comments that were intended to be self-reassuring such as "Mrs. W. is home sick. She'll be back tomorrow", or "We will have juice outside today." When initiating speech R's voice was soft rather than harsh as when she was parroting.
2. R. became more aggressive in using the toys and equipment. She became skillful at riding the truck, sliding on the sliding board, walking the balance beam. Although she never made structures with blocks she spent much time getting them out and putting them away. By April she would paint at the easel and want to take her pictures home to show her mother.
3. She made great strides in mobility,seeking every opportunity to practice her technique in the many large

echoing halls in the church. She was allowed to do this freely. She would stamp her feet and search for light clues to work out a pathway and then would practice running very fast. This was a favorite activity and she became very skillful. Later when the class went outdoors to play R. practiced using the stairway in the same way.

4. R. was able to play along side other children although she seldom spoke to them. She liked to listen to their chatter as they played, however.

5. Because of the aide's concern about her inattentiveness (Appendix 5) and R's mother feeling that she "doesn't listen" and the teacher commenting that she has to be told to do something several times and then led through the motions, it was recommended that R. be given an EEG. This was arranged through her pediatrician in mid-June. The results showed Petit Mal Epilepsy and she was put on phenobarbital. Her mother reports that she is not so loud and more co-operative.

The teachers at the nursery school expressed satisfaction with R's participation in their program and invited her to attend next fall. (See Appendix 6).

Child 3. M., male

Birthdate: 9-30-70

Diagnosis: Hyaline Membrane Disease
Bilateral Retrolental Fibroplasia

Vision: Undetermined

Services:

M. was born 3 1/2 months premature. His birth weight was 2.7 and went down to 1.9. On December 22, when his birth weight was 5.7 his mother took him home. It was only then that she discovered he was blind.

M. was a three month old infant when the teacher first visited the home. Since the first few times she visited M. slept through the session, the teacher mostly talked with the mother. The mother expressed her fears and disappointments freely. She expressed an interest in the literature the teacher left comparing her baby with those in the books. She also followed some of the ideas from the book on her own and expressed pleasure when M. responded properly. The teacher encouraged the mother to use a great deal of tactile stimulation. After the third visit the baby was always awake and developmental progress was noted.

He cut his first tooth at 10 months. He could roll over and enjoyed being held in a standing position but could not sit up alone. He could sit in a high chair while being fed. He liked to search for items on the tray.

M's mother suspected that his eyes followed the sunlight on the wall so the teacher left light-reflecting plastic panels for the mother to experiment with over the summer. Throughout the visits the teacher left toys and demonstrated their use.

Child 4. P., male

Birthdate: 12-30-70

Diagnosis: Bilateral Congenital Anopthalmia

Vision: ANOPH

Referral: Opthalmologist

Services:

Home visits were initiated upon receiving the referral. Techniques for stimulating the baby were discussed with the foster mother. There is some question about this baby's hearing as he did not respond to sound on the initial visits. This will be investigated further but was interrupted because of the initial surgery to fit him with a prosthesis. The baby did babble and "converse" with the foster mother, however.

Child 5. L., female

Birthdate: 2-26-67

Diagnosis: Micropthalmos O.U.

Vision: N.I.L. O.U.

Referral: P.A.B.

Services:

This child had been known to the developmental clinic whose observations were that she was seriously disturbed and probably retarded. At 3 1/2 years of age she could not walk, did not feed herself, could not talk and refused to play. Her characteristic behavior was to rock back and forth, bang her head, scratch and slap her face. She would go into a screaming tantrum and throw her body out stiff when persons tried to touch her. On her initial visit the teacher only talked with her very distraught and discouraged parents because the child could not be approached. Apparently the mother had experienced a deep depression at the time of this child's birth and rejected the diagnosis and the child. Only recently had she been able to face the reality of the blindness and try to work with the child. The mother said that if L. could be taught she would be greatly relieved. The teacher demonstrated how to feed her from behind the chair, guiding her hand with the spoon. On the next visit the teacher brought a specially bent spoon and the parents reported great success. By Christmas she was feeding herself entirely alone, except for finger food.

Since L. rejected all personal contact and would not touch toys, the teacher decided to try actual stimulation with a hand vibrator. On contact with the vibrator L. stopped rocking and making noises. She sat

quietly but tensely for about three minutes while the teacher applied the vibrator to her hands. The sessions with the vibrator were continued each week as L. seemed to like it. She laughed on touch. The time that she could tolerate the vibrator lengthened with each session. The rest of the time was spent talking with the parents who needed a great deal of support. After the Christmas vacation L's mother reported that L. seemed to miss the sessions and indeed she became more aggressive in her association with the vibrator, reaching out for it, laughing and enjoying it on different parts of her body.

Besides using the vibrator, the teacher spent time imitating L's mannerisms, L would listen very carefully and on occasion when the teacher would stopL. would reach out to see if she were here and then immediately retract her hand.

In January, a special studies student in orientation and mobility began working with L. twice a week (See Appendix 3). At about this time a positive change was noticed in the parents. They became more relaxed, were able to verbalize their fears and expectations and took a more active role in L's progress. The mother had to quit carrying L. because of a back condition and by herself taught L. to crawl up the steep stairs. This took several months and a lot of patience but was a mutually satisfying experience for L. and her mother.

Also about this time the parents started taking L. to church. They reported being pleased with her response to the crowd. She sat quietly and listened, "singing" along on the hymns.

It appeared that after this change in her parents, L. made more rapid progress. She became more aggressive with the vibrator, ceased

the self-destructive behavior and had fewer and fewer tantrums. The mother reported that L. called to her saying "Ma" and that she always said "up" when she wanted to be moved. The teacher observed her saying "up" and although she was truly saying it, she was not voicing the sounds properly and a stranger could not understand. With support behind her whole body L. could be induced to take few steps to reach the vibrator. She could not stand or walk alone, however. Her mother reported that she responded with pleasure to the deep voices of men and that she liked to stroke hairy arms and mustaches. She would not tolerate any other physical touch. The only objects she would tolerate were the vibrator and foamy, spongy toys such as "nerf" balls. She once ate a marshmallow because she liked the spongy quality. That was the only finger food she ever ate.

On the last visit of the teacher before summer vacation, L. stroked the teacher's arm and leaned her cheek against it. This was the first personal contact L. ever initiated with the teacher although she had tolerated her body being manipulated for about three months.

In evaluating one year of work with L. the teacher feels that although not much observable progress was made, that considering the severity of L's disturbance, some progress was made in developing relationships. The change in the attitude of the parents was most dramatic and the teacher feels that this will be a positive factor in any future progress that L. might make. The teacher sees a need for psychiatric service, more development of a relationship and even some formal contact with a group of children. None of these had been available to her because of the complexity of her handicaps and her behavior.

Child 6. K., female

Birthdate: 3-26-66

Diagnosis: Detached Retina O.U.

Vision: N.I.L. O.U.

Referral: P.A.B.

Services:

This battered child had been in two summer programs where she showed some progress. At the beginning of this project she was enrolled in a PARC (Pennsylvania Association for Retarded Children) preschool but was absent due to having just suffered severe convulsions. The convulsions kept recurring with severe brain damage resulting in a loss of all bodily controls. The teacher visited but could get no intelligible responses and finally could not even keep the heavily sedated child awake, so ceased visiting.

The following children will be educated as partially sighted children:

Child 7. M., female

Birthdate:

Diagnosis: Albinism
Nystagmus

Vision: 20/100 O.U.

Referral: County Survey

Services:

The special teacher talked on the phone with M's mother and received permission to observe her in her kindergarten class. M. functioned well making adjustments on her own when confronted with lighting difficulties or when distances from the work were too great. The special teacher did not feel that M. needed services at the time but did spend time with the classroom teacher, the nurse and the principal in interpreting M's condition and explaining what could be expected. The special teacher reported this child to the itinerant vision program of Allegheny County Schools, so that she would be on their rolls when she entered first grade in 1971.

Child 8. T., male

Birthdate: 4-10-68

Diagnosis: Myopia, Mystagmus

Vision: Undetermined

Referral: County Survey

Services:

T. was a bright, pleasant four year old already enrolled in a neighborhood nursery school. After discussing his visual situation with T's mother, the teacher spent two sessions observing him at nursery school. It was noted that T. avoided those activities which required eye-hand coordination, often did not finish tasks, was restless during group activities and unusually cautious in gross motor activities such as riding tricycles. He was very verbal, however and knew all the letters and numbers. T. scored very erratically on the Barrago Visual Efficiency Scale * and verbalized deep distress throughout. The teacher felt that this was a child who needed low vision stimulation and work on fine motor skills, so arranged to visit the home weekly. Since T. would be entering a public school kindergarten in September, the teacher informed the kindergarten teacher of his needs and offered to visit the classroom in a consultative capcaity when T. entered kindergarten.

*Barraga, Natalie C., Visual Efficiency Scale, American Printing House for the Blind, 1970.

Child 9. D., male

Birthdate: 9-11-64

Diagnosis: Retinal Detachment O.D.
Myopia

Vision: 20/200 20/50

Referral: County Survey

Services:

D. appeared to be a slightly larger than average, hyperactive kindergartener. The mother and teacher were concerned that his visual impairment might be the cause of his behavioral problem in school. The special teacher observed him in the classroom on several occasions and worked with him on visual tasks involving eye-hand coordination for a period of several weeks. It was the special teachers opinion that his visual functioning was adequate for kindergarten and even first grade activities. It was the opinion of the special teacher that any behavior problem was due to the inadequacy of the kindergarten program and facilities, including overcrowding. D's vocabulary was inadequate in that he used infantile terminology such as "potty" and "horsie" which would indicate unrealistic management at home and could be a causitive factor in his behavior problem. It is to be noted, however, that the special teacher did not observe any evidence of inappropriate behavior on the part of D. The teacher reported her observations to D's mother and indicated that he would be referred to the vision program if it becomes necessary in first grade, but could see no reason for service at the present time.

Child 10. P., male

Birthdate: 12-17-64

Diagnosis: Amblyopia Exanopsia
Strabismus

Vision: 20/40 20/30

Referral: Teacher

Services:

P. was referred by his kindergarten teacher when the special teacher was visiting D. in the same classroom. The special teacher observed that although his glasses were indeed thick, his vision was quite adequate and he presented no problems to himself or the classroom. Services consisted mostly of reassuring an insecure teacher and observing the child in several situations.

Child 11. C., female

Birthdate: 8-12-64

Diagnosis:

Vision: Undetermined

Referral: Parent

Services:

C. had a brain tumor partially removed, causing her to lose the sight in one eye. The complete tumor was not removed in an effort to save the other eye. Cobalt treatments were used and seemed successful. C. missed the first grade year of school due to surgery and treatments. Her mother heard of the Title VI Project from friends and called the special teacher to ask about educational opportunities. Since the program only had one week to continue, the child was only seen once, but the special teacher did feel that C. may need to be ina vision classroom. She scored in the low efficiency range in the Visual Efficiency Scale and had difficulty interpreting pictures. C. had to hold materials within four inches to see adequately. Procedures were started to enter C. in a special class.

Child 12. V., female

Birthdate: 4-12-65

Diagnosis: Congenital Pendular Nystagmus
Myopia
Hypoplastic Discs
Iris Atrophy

Vision: 20/100 20/100

Referral: Opthalmologist

Services:

This child was seen bi-weekly in the home by the special teacher. After assessing her visual functioning the teacher worked with her on low vision stimulation, concept development and eye-hand coordination. Procedures were initiated to have her enter a vision classroom in September 1971 including a visit to the classroom with her mother and the special teacher.

Child 13. R., male

Birthdate: 8-22-64

Diagnosis: Myopia
Congenital Nystagmus
"Growth Defect"

Vision: 20/80 20/80

Referral: County Survey

Services:

The special teacher visited R. in his classroom, an "intermediate" class which was designed for those children who were not ready for first grade but who had finished kindergarten. R. was very small for his six years, resembling a three year old in physical development. After several sessions of visual assessment the special teacher concluded that although his acuity was adequate for gross forms; detail, discrimination, objects in motion and eye-hand coordination were very difficult areas. The special teacher worked with R. in these areas bi-weekly for the remainder of the year. In consultation with his classroom teacher, school psychologist and his parents, it was decided that due to his serious growth problem combined with his visual problem, a special vision class would fit his needs for first grade. Procedures were initiated for him to enter such a class in September 1971.

Child 14. J., male

Birthdate: 10-4-64

Diagnosis: Myopic Choriditis

Vision: Undetermined

Referral: Teacher

Services:

J. was referred because he had repeated kindergarten but still was not doing adequate work, was a behavior problem and seemed to bump into things and fall down often. The special teacher observed him in his classroom, noticing that he would bring small tiles up close to his eyes to determine their colors, refuse to do any of the readiness work sheets ,or scribble over them turn away from the screen during movies and indeed fall down a lot, bump into objects and in general create havoc in the classroom. During several individual sessions with the special teacher he could not complete simple visual tasks such as finding like symbols (quite large) in a row. He was able to do auditory tasks of like nature (matching sounds). It was the concensus of the special teacher, the kindergarten teacher and the school psychologist that J. could profit from the individualized instruction special materials, and special training available in a vision classroom. He was entered ina vision classroom in one of the county special education centers.

Child 15. M., female

Birthdate: 12-9-67

Diagnosis: Congenital Cataracts

Vision: Undetermined

Referral: P. A. B.

Services:

This battered baby was visited at the Child Welfare Shelter for preliminary evaluation by the teacher-director. Due to physical abuse and malnutrition this nearly four year old child had the body of a mere infant. She was affectionate and playful. She appeared to be using her vision adequately in her play, scooting across the floor to retrieve toys which she threw or were thrown for her. On the Maxfield Buchholz M. obtained a score of 1.75, retarded for her chronological age but consistent for her physical development which was also retarded. The special teacher made several visits to the home, playing with M. and offering suggestions as to the kinds of toys which would help her development proceed. Several of the suggested items were bought, kept specifically for her use and sent with her when she was transferred to a Rehabilitation residence in Scranton, Pennsylvania.

Child 16. D., female

Birthdate: 1-29-65

Diagnosis: Cataract

Vision: Undetermined

Referral: County Survey

Services:

When the special teacher called the mother of this child to inform her of the services the mother appeared interested but could not make an appointment. The special teacher called several times but the mother begged off seeing her, giving a problem pregnancy as an excuse. After the baby arrived the mother was too busy. Since D. is due to start school in September 1971, the special teacher decided to wait until then and work through the school if the child had any difficulty.

Child 17. K., female

Birthdate: 8-28-65

Diagnosis:

Vision:

Referral: Survey, Child Welfare

Services:

This child was first discovered on the County Survey to Identify Pre-School Handicapped Children Under Eight Years of Age. However, no response was received by phone (no number available) and the letter sent was not answered. In February Child Welfare called, stating that the foster mother had received the letter and they would like to consider the program because K. was adjusting poorly to the Western Pennsylvania School for Blind Children. The special teacher visited K. at her foster home and discovered a friendly five year old who could do many visual tasks, knew all the alphabet by sight, could interpret sophisticated pictures and had excellent mobility. The foster parents expressed the fact that K. was very unhappy at the school and was often sent home sick, becoming "better" as soon as she got home. The special teacher reported the situation to the social worker at Child Welfare, stating that in her opinion the child could function adequately ina vision classroom in a county center when she became six years old. The responsibility for making this decision apparently rests with the Child Welfare Department.

Child 18. R., male

Birthdate: 8-22-67

Diagnosis: Coats Disease O.D. enucleated

Vision:

Referral: P. A. B.

Services:

R. was observed to be a bright, normal three year old with a minimum of visual impairment. It was felt that he needed a nursery school but since none was available in his community he would have to wait until the following September when a Montessori Preschool was starting through the local Model Cities Program. Because the special teacher felt that his expressive needs were great, she worked weekly with him in process activities such as clay modeling, finger painting, etc. The special teacher provided play materials such as tiles, parquetry and hammers and nails. The special teacher worked with the parents both the mother and the father in interpreting educational needs and evaluating nursery school programs.

Child 19. T., male

Birthdate: 6-19-68

Diagnosis: R. L. F.

Vision: L. P. O.U.

Referral: P. A. B.

Services:

T. was seen bi-weekly by the special teacher. It was observed that T. had more vision than was originally suspected and ways were contrived to motivate him to use it. His developmental level was at the norm for sighted children and thus as with normal 2 1/2 year olds, it was difficult to direct his activities. The teacher provided materials and demonstrated how to construct play situations. The mother, who welcomed ideas, carried through on many of the suggestions. It was observed that T. was developing good language ability and when motivated did use his very limited vision. This is a child for whom a daily preschool program would be most useful, but there is none available in his very isolated community.

Child 20. D., female

Birthdate: 12-17-68

Diagnosis: Glaucoma
Post-operative Lens Extraction O.S.
Rubella Baby

Referral: Ophthalmologist

Services:

This Rubella child was seen bi-weekly by the special teacher who found her visual loss and tiny stature to be her only outward manifestation of the rubella syndrome. Although a staff conference with the Developmental Clinic proved a heart involvement, it is educationally negligible. Her hearing seemed remarkably acute and the staff conference confirmed her normal intelligence. D. was developing excellent language and her play was spontaneous and imaginative. Her mother and father both worked with her and displayed an unusual understanding of her uniquenesses and needs. In consultation with the Developmental Clinic it was recommended that D. enter a pre-school for normal children when she is four years old, but remain in the home with visits from the special teacher until that time. It had been pointed out by her mother that since a new baby is expected in the home in November, and will result in major changes in D's routine, this year would be a difficult time for D. to separate. That was the main reason for waiting another year.

Child 21. J., male

Birthdate: 11-18-63

Diagnosis: Congenital Cataracts
Micropthalmos
Atrophied Iris
H earing Disability
Rubella Syndrome

Services:

This child had participated in the two previous summer programs for preschool visually handicapped children and at present was enrolled in an Easter Seal Preschool. The special teacher assumed the function of educational coordinator since many agencies were involved with this child and his family in decision-making roles. Besides working in a direct teaching capacity weekly, the special teacher met with members of the agencies involved and with the parents. She also helped train volunteers working with J.
It was decided by all the parties working with J. that he had progressed beyond the scope of local help, that his greatest need was useful language so applications were filed for the deaf-blind program at Overbrook in Philadelphia. The special teacher accompanied J. and his parents to Philadelphia. Although there was some initial confusion J. was accepted in their program for September 1971. He was also accepted in a Special Study Institute for Teachers of Children with Visual and Auditory Impairment sponsored by the Department of Special Education and Rehabilitation of the University in cooperation with the State Bureau of Special Education under P.L. 91-230, the Regional Deaf-Blind Center, and the Western Pennsylvania School for Blind Children, funded under P. L. 89-313.

Child 22. J., male

Birthdate: 11-19-64

Diagnosis: Cataracts, Nystagmus, Deafness, Mental Retardation, Microcephaly, Rubella Syndrome

Vision: Undetermined

Referral: Pittsburgh Public Schools

Services:

This rubella syndrome child was referred by the City of Pittsburgh school system because they had no program for a child with his complex handicaps. The child was known to the Developmental Clinic and their records confirmed the seriousness of his physical involvements. The child was adopted at birth with the mother knowing the extent of his handicaps. Although she had cared for him to the best of her ability, J's growing out of infancy, the mother's ill health, the lack of support from the other household members and the meager resources combined to cause the mother to realize quite realistically that she could not give J. the kind of care he needed. Whenever the mother became ill and had to be hospitalized, J. became dehydrated from lack of food or water. There was nobody who would take the responsibility for forcing him to drink. The mother had not been able to teach him to eat. His light fixation was so intense that he would fixate on hardly anything else, thus his mobility skills were poor. He had no meaningful way of communicating needs - indeed he expressed no needs or desires beyond light.

The special teacher began to visit the home once a week. The

mother expressed the desire to have J. learn to eat food. The teacher demonstrated a method of force feeding J. and even had the mother do it also, but once a week was not enough to establish a habit so it was decided to use the services of an aide. The aide went every morning to the home and force fed J. a good breakfast - fruit, cereal and milk. Within two weeks J. was eating without fighting. The mother was never able to feed J. and would not provide other foods so that a larger diet could be established. The aide also began to teach J. to use toys, to stack rings on a stick, put shapes through like holes in a box, place large pegs in holes, and work a simple form board. These tasks were all done by touch. Neither the aide nor the teacher were able to get J. to look at what he was doing. After two weeks of continuous work, the aide began seeing J. only three times a week because of budgetary considerations. The special teacher went every other week. A program of walks through the neighborhood was started and J. began to look at items along the way - leaves, flowers, marks on the sidewalk, and, of course, all shiny objects. He seemed to get physically stronger and had fewer and fewer of the periods of illness which often interrupted progress when he first entered the program. During the year the special teacher worked very closely with the social workers, both through Children's Hospital and the P. A. B. This was a child with whom many agencies were involved. It was recognized by everyone concerned that J. needed a residential program which would give him consistent physical care as well as educational opportunities. J. was accepted for the special study institute for training teachers of

children with visual and auditory impairment. It is hoped that through that program placement will become available. J's needs are very great in the areas of communication and self-care skills. Improvement in these areas would enhance his chances of acceptance into any programs or even his placement in an institution if that became necessary.

Child 23. C., female

Birthdate: 2-13-68

Diagnosis: Microcephalic, Mentally Retarded, Epileptic, Cerebral Palsied, Blind

Vision: H. M. O.U.

Referral: P. A. B.

Services:

This very handicapped child was seen about three times by the special teacher who mostly talked with the mother and tried to determine how much C. could see. This was difficult since she was so physically involved she had no adequate means of response. The mother had applied to the St. Peters Child Development Centers and when C. was accepted, the special teacher terminated her services.

Child 24. F., male

Birthdate: 1-1-63

Diagnosis: Nystagmus-secondary to C.N.S.
Pathology, hyperopic, pholophobia
Mentally Retarded

Vision: Undetermined

Referral: Unit Director for St. Peters

Services:

The special teacher observed F. in the preschool setting, consulted with Dr. Wachs, the staff optometrist who also was the educational director. It was decided that there was nothing the special teacher could do in the school setting but that she could be of service to the mother in her care of the child. When the special teacher called the mother, the mother expressed the desire not to have service. She had all the help she wanted. Therefore, the child was not seen again.

Child 25. M., male

Birthdate: 1-30-67

Diagnosis: Mental Retardation

Vision: Undetermined

Referral: County Survey

Services:

This child was observed during two different sessions at the McKeesport Preschool for Retarded Children, the first time during free play and large motor activities and the second time alone with the special teacher. It was observed that the misalignment of the eyes was so great that it was almost impossible for M. to fixate on objects without gross posturing. The teachers at the school expressed concern about this so the special teacher interpreted the necessity of allowing him to see in the ways possible for him. M's coordination was very poor as could be expected with his eye condition and his degree of retardation. His hyperactivity prevented him from concentrating on most of the simple tasks the special teacher presented. He did become interested in a fastener on a cupboard in the room and learned to work it after being put through the movements three times. The director of the school suggested that the special teacher interpret to the mother the kinds of tasks they were working on at school and what the mother could do at home. The teacher then visited the home at which time she learned that M. was to undergo two operations which were supposed to correct his eye condition. Due to these operations, the child was not seen again but it was arranged that next year the special teacher would work with M. on the use of his vision.

Child 26. P., male

Birthdate: 5-5-69

Diagnosis: Congenital Cataracts, Downs Syndrome

Vision: L.P. O.U.

Referral: P. A. B.

Services:

The special teacher began visiting this young mongoloid child once a month. As was to be expected P. was developmentally retarded. He had not learned to sit up, although could support himself on his knees for short periods of time. Techniques were tried to encourage crawling, balancing and strengthening the legs. The mother was very interested in trying new ideas and worked out a light board which was used to help the child fixate and eventually used as a motivational tool to encourage P. to crawl. P's immature digestive system made progress in feeding difficult. P. had a short attention span and was never able to develop an interest in manipulating toys. It is hoped that as he matures and with continued help from the special teacher and his parents, he will make progress in his development.

Child 27. J., male

Birthdate: 12-5-68

Diagnosis: Albinism, nystagmus, myopia,
Stratismus
Severe bilateral talipes (deformities of the feet,
Poor coordination, developmental retardation

Vision:

Referral: P. A. B.

Services:

J. was visited bi-weekly by the special teacher. He was founded to be a pleasant but quite retarded child. He was not able to sit, crawl or walk. He could not talk. He liked to play with toys, however, especially those which made noises. He could not use toys properly, just move them about. It was decided to work on two areas - sitting and the meaningful use of toys. A chime mobile was used to encourage him to sit. He could reach it to make it ring only when sitting. By the end of the program he could sit unsupported for nearly one-half hour. To teach him meaningful play he was taught to nest metal dishes of different sizes. He enjoyed this and became quite compulsive about stacking them. It was decided to try him on a toy with parts to be worked. One with little doors to be opened by working a simple fastening was selected (button to push),(switch to pull), (door to slide), (dial) etc. When the fastening was worked properly, a little animal popped out. J. took great delight in the toy. He learned to close all the doors after the animals popped out and to take an adult's hand and place it on the fastening. He knew what needed to be done but was never able to use enough force to make it work.

The mother was to continue with this over the summer and with other tasks to develop strength in his leg and arm muscles. This is a child who will in all probability be eligible for an Easter Seal Preschool Program next year.

Child 28. S., female

Birthdate: 10-27-67

Diagnosis: Congenital Cataracts, nystagmus, light fixation
Slow in overall development

Vision: Undetermined

Referral: Developmental Clinic

Services:

On visiting this child the special teacher found her to be a very manipulative little girl whose frequent tantrums and infantile behavior left her mother exhausted, frustrated. Although S. had considerable vision she had not learned to use it. She had a habit of throwing her glasses off when angry. Because of her poor vision S. had been over-protected so that her mobility was poor. She had never been allowed the freedom of the stairs or yard. The special teacher began visiting S. once a week, concentrating on development of low vision, increasing the attention span and behavior management. The teacher worked with the mother, helping her understand what she could expect of S. and encouraging her to be consistent in her handling of S. S. made some progress in increasing her attention span, manipulating materials and learned to verbalize color names correctly. Although the teacher was able to control her behavior the mother was not able to be as consistent. It developed that S. was quite skillful rhythmically and music could be developed as an interest to lead her out of her infantile behavior. S. needs a great deal of work on body image, development of low vision, communication and behavior management. In conference with

the Developmental Clinic it was felt that S. could benefit from the preschool program at the Western Pennsylvania School for Blind Children. She has been accepted into that program for September.

IV. STAFF

The staff consisted of a full-time teacher-director, a part-time aide and a part-time secretary. The teacher-director (Mrs. Gayle Park) was a certified teacher of visually handicapped children with a Master's Degree in Special Education from the University of Pittsburgh. She had also studied child development in the School of Health Professions at the University of Pittsburgh Graduate School of Health Professions. She had had eight years of teaching experience. The aide (Mrs. Barbara Brown) was a certified teacher with two years experience at the Greater Pittsburgh Guild for the Blind and had worked as an aide in the first summer project for blind preschool children.

Dr. Mary Moore of the University of Pittsburgh served as consultant to the project.

V. COST OF THE PROGRAM

Administration	$ 881.50
Salaries	11,631.10
Travel	562.00
Supplies	596.50
Fixed Charges	851.97
Contracted Instruction	50.00
	$14,573.07

VI. EVALUATION

Because of the complex nature of many of the children involved in the project, standardized evaluation tools were not able to be used in a systematic way. Several different scales were used as they seemed applicable to individual children and in ways which would give useful information.

The Social Maturity Scale for Blind Preschool Children (Maxfield and Buchholz, 1957) was the tool most often used. This is a report of the actual performance of the child as obtained from an adult knowledgeable about the child. The scale was scored, not for the purpose of obtaining an S. Q. but for the purpose of delineating the precise tasks which the child was unable to perform at the age at which most blind children can perform them. Many of the children in the project had handicaps other than blindness which invalidated scoring or had too much vision for this to be a useful evaluation.

For those children who had reached a developmental level where they were able to cooperate in a structured situation, the Visual Efficiency Scale (Natalie C. Barraga, 1970) was used as an aid in determining the visual functioning of the child.

Those children who were entering programs or schools where it was required had psychological examinations performed by school psychologists.

Those children who were known to the Developmental Clinic of Children's Hospital had complete medical and psychological evaluations.

It does not seem possible to evaluate how much the progress of the children was due to educational intervention and how much by

developmental maturation, except by subjective impressions. The eagerness of the parents in asking for help and in carrying through on suggestions would indicate that they saw value in the program. It is obvious that situations were established where learning could take place, that may not have or which would have been delayed had there not been intervention.

Also, it must be recognized that the medical, social service and educational persons working with these children learned valuable information about numbers of children and how they are functioning. Thus it will be easier to plan future services for them.

The initial referrals came from the inventory of handicapped children in Allegheny County, completed by 1970. This survey indicated that there were eighteen visually handicapped children. After screening by the special teacher it was discovered that thirteen were actually visually handicapped. Of these thirteen, one had already started in a vision classroom at one of the county schools. Three were in programs at the Western Pennsylvania School for the Blind Children and two were in custodial institutions due to other severe handicaps. The special teacher was unable to reach two of the children. This left five children who were included in the program.

Other children were referred to the program through the Pennsylvania Association for the Blind and Ophthalmologists so that by June, the special teacher had provided services for twenty-eight children. Of the twenty-eight children, six were in pre-school programs and the special teacher cooperated with the pre-schools. Four of the children

were introduced to pre-school situations while in the program. Five of the children were in public school kindergartens. Three of these were recommended to the Allegheny County Schools Exceptional Children's Program for services at the first grade. Two other children were also recommended for services at the first grade. It has been the opinion of many authorities that such early identification of children with visual handicaps is imperative.

The special teacher visited six children weekly and seven bi-weekly on a regular basis throughout the year. Contact time for one child was extended through an aide to three full mornings per week. The others were seen less regularly depending on the needs of the child and the disposition of the case. The recorded progress of these children clearly demonstrated the value of regular educational training.

Considering the complex nature of many of the children involved in the project (twelve with severe multi-handicaps) it was recognized that further training would be desirable. The special teacher was accepted into the Special Study Institute for preparation of teachers of the multiply handicapped with special concern for the child with both auditory and visual impairments. One other teacher from Allegheny County was also accepted in that program.

VII. DISSEMINATION

An article accompanied by a picture appeared in the Superintendent's Newsletter of the Allegheny County Schools, June, 1971. A copy of the article is included (Appendix 7).

The Director of Public Relations for Allegheny County Schools has prepared a talk and slide show which is shown to parent groups and school personnel throughout the county. The project is included in this program.

Copies of the final report are being made available to:

The American Foundation for the Blind

The Pennsylvania Association for the Blind

The Western Pennsylvania School for Blind Children

The University of Pittsburgh

The New York Commission for the Blind

The Developmental Clinic of Children's Hospital

Dr. David Hiles, Pediatric Ophthalmologist

Copies are available to any other interested individuals or organizations.

APPENDICES

APPENDIX ONE

LETTER TO AGENCIES

Name
Address

Dear _____:

As you know, the Allegheny County Schools recently conducted a survey to determine how many preschool children will become eligible for the Exceptional Children's Programs offered by Allegheny County. Since you indicated that _____ is visually handicapped you might be interested in our new program for preschool visually handicapped children.

This federally funded project will provide educational services from birth through eight years of age. The program is aimed at the prevention of social and sensory deprivation and the development of personal independence. As teacher-director of the project, I would like to visit _____ to determine whether our program fits her needs. If you are interested, please leave a message for me at Eastern Area School --- 243-6660. I will need your phone number in order to make an appointment that will be convenient for both of us. I hope that I can be of service to _____.

Sincerely,

Mrs. Gayle Park
Director
Title VI-A Project

APPENDIX TWO

JOINT REFERRAL FOR THE SERVICES OF
PENNSYLVANIA ASSOCIATION FOR THE BLIND

AND

ALLEGHENY COUNTY SCHOOLS EXCEPTIONAL CHILDREN'S PROGRAM

In order to help prevent early social and sensory deprivation in visually impaired children, the Pennsylvania Association for the Blind and Allegheny County Schools are suggesting that doctors refer their visually limited patients as soon after birth as possible. For the purpose of our program, visually impaired children are those who because of the type and degree of visual impairment may benefit from sensory stimulation and educational techniques before school age or who may need special modifications in curriculum, materials and methods of instruction when they go to school.

Please send both copies of this form to Allegheny County Schools in the envelope provided.

Name of child _____

Birthdate _____

Name of parent or guardian _____

Address _____

_____

_____

Phone _____

Diagnosis: _____

_____

_____

_____

APPENDIX THREE

REPORT BY MOBILITY STUDENT

When I first began working with LA she would not respond to my voice, and violently rejected my touch which she demonstrated by a tantrum-like action, writhing on the floor and making guttorial sounds. The only positive reaction which I observed while working with her was when I turned on the vibrator, but by coupling the vibrator with speaking to her and touching her back of head by the end of the time she would allow me to pick her up and carry her; hold her hands, arms, feet, and legs; and would respond as I came in and began talking to her, and would follow any simple command I told her to do.

Since she was immobile my program for her was to increase flexibility and strength in her muscles needed for walking. Since I knew she would respond to the vibrator I used it as a reward for any desired response. As I continued to work with her I gradually increased my demands and lessened the time the vibrator was on; by the end she would do two or three movements, and was rewarded with vibrations for approximately three seconds. I attempted several times to omit the vibrator and only use verbal praise and touch her back, but she would not continue to respond to this. Her tolerance of me greatly increased in my time with her: at our first sessions she became irritable after fifteen minutes, and at the end she would work continuously for over an hour without displaying any adverse action.

Mr. and Mrs. C. were most interested and cooperative in LA's progress, incorporated my suggestions in dealing with her, and worked

with her in some of the exercises I demonstrated to them. By April LA had developed considerable strength in her legs, was able to crawl up the stairs with some aid, and was less objecting to new situations and devices which I initiated.

The program followed generally this sequential outline, and was introduced over twenty-six sessions with her:

A. In crawling position

I placed the vibrator on a crawling device made by Creative Play Toys and placed LA on the vibrator in a crawling position so that her abdomen rested on the vibrator and her knees rested on the floor.

1. Extension of knee

With knee flexed and resting on the floor, I picked up one of her feet and had her pull it from my hand; progressed to my holding both feet and having her pulling both from me, simultaneously.

2. Flexion of hip

With her legs out behind her, knees slightly flexed, and both knees and toes resting on the floor, she had to pull one knee up so that it would touch the vibrator; progressed to her pulling both knees up simultaneously.

A. In crawling position

3. Flexion of knee

With knees remaining on the floor she had to pick up one foot and 'bang' the floor; eventually she would life the

foot I would touch.

4. Flexion of hip and knee

   Holding her legs up a aight out behind her she had to pull both from my g.ip

B. Bicycle

I strapped LA's feet to the pedals of a tricycle and rode her along the sidewalks; at first she objected to this but finally grew more tolerant.

C. Walking

1. LA would stand and hold on to the back of a chair, and as her mother pulled the chair across the room I would manually move her legs in a walking fashion.

2. Looping a belt behind her back and under her arms I walked her about the room, using the belt as support. (I used this method only in my last two sessions with her, and she still was severely objecting to this approach.)

APPENDIX FOUR

STANDARD ABBREVIATIONS FOR REPORTING OF CHILDREN WITH LOW VISION

5/100	(or any distance reading 20/200 or less on the Snellen Chart)
VF 5°	(or any restricted field of less than 20 degrees, i.e., VF 20°)
NIL	(totally blind)
ENUC	(enucleated--eyeball removed)
PROS	(prosthesis--artificial eye)
ANOPH	(anophthalmus--absence of true eyeball)
LP	(light perception)
LPP	(light perception and projection)
SHAD	(sees only shadows)
FORMS	(sees only large forms)
OP	(object perception)
HM	(hand movement, plus distance, e.g., HM 3 ft--meaning hand motions at 3 feet)
CF	(counts fingers, plus distance, e.g., CF 1 ft, or CF 5 in--meaning counts fingers at 1 foot, or counts fingers at 5 inches)

The above abbreviations are to be used especially when registering low vision children with the Department of Education as required in January of each year.

For this specific purpose, the following are instructions for indicating primary reading medium and pupil's grade:

Primary Reading Medium: To indicate the primary reading medium of each child simply insert an X in the proper column, i.e., Braille only, Braille and Large Type, Large Type, Large Type and Ink (regular type, Regular Ink type, and Aural. The last designation is, of course, for those students who do not read either Braille or any form of ink type. In this column instead of inserting an X use T (tape) or D (disc) to indicate which is used most. If the child has no primary reading medium you may check each used.

Pupil's School Grade: Note that the Federal law definitely limits all registrations to pupils of "less than college grade." Further, since the APH has no materials of use to students below kindergarten level, nursery school children are not eligible for registration, nor are so-called "pre-primary" unless this means kindergarten level.

In order to meet the requirements of the computer, all pupils must be classified and their grade levels indicated as follows. Do not use such terms as Sophomore, Elementary, Primary, etc:

K	(for Kindergarten)
1... 12	(for grades I through XII. Additionally, if pupils are not reading at their actual reading level, this information should be indicated as 8--4, 9--7, etc.)
PG	(for post graduate high school of less than college grade)
AD	(for adult trainees in rehabilitation centers)
NG	(for pupils in programs without conventional grade designations, where the children progress at their own rate of speed in learning, but showing rough estimates of reading grade level, i.e., NG-1, NG-6, etc.)
V	(for pupils of school age pursuing vocational training rather that regular academic studies, with approximate grade level, i.e., V-9, etc.)
PH	(for physically handicapped to be used in designating orthopedically handicapped pupils only, followed by school grade, i.e., PH-6,etc.)
CP	(for cerebral palsy, plus school grade, i.e., CP-4, etc.)
DB	(for deaf-blind--including hard-of-hearing and visually handicapped--followed by school grade, i.e., DB-6, etc.)
MR	(for mentally retarded, both trainable and educable, followed by approximate reading grade level, i.e., MR-2, etc.)
LD	(for learning disorders--perceptually handicapped, emotionally disturbed, aphasic, etc.--followed by approximatereading level, i.e., LD-5, etc.)

APPENDIX FIVE

REPORT BY INSTRUCTIONAL AIDE

Subject: R.

Setting: A preschool nursery class located in a suite consisting of a large classroom-playroom, a small playroom-workroom, and a bathroom, all of which require separate entrance and exit from the hall

Place: Mount Lebanon Methodist Church

Time: 10:00-10:15 A.M. Date: January 26, 1971

R. age three years and fice months, is for all practical purposes a congenitally blind child, although her mother reports that, during her first week in oxygen she jumped and responded by crying whenever flashbulb pictures were taken of her. Dr. Hiles states that her left eye almost exactly resembles J.H.'s eye condition at this same age. However, because she is, in effect, a congenitally blind child of three and one half, her facial expressions and gestures are severely limited--her face wrinkling and creasing when she bellows (not cries) and lighting up from ear to ear when she grins. There are no subtleties in between--no slight frown, bewildered raise of eyebrows, tentative hint of a smile. Her gestures are either those of someone swimming through heavy water or those of a robot that has been programmed through a performance. Moreover, her voice is curiously devoid of expression, being nearly atonal except for rising at the end of nearly every utterance. Even the statement of her name sounds like a question. Her voice also has a harsh, nasal quality and is always loud in volume. Her mother, a very soft-spoken, flat-voiced woman herself, told me that R's hearing is within the normal range although they have been warned to watch for hearing

problems. Her mother also stated that R. is addressed in normal tomes by those who know her and that she has one brother who has a hearing problem.

OBSERVATION I

R. was led to a work table and seated by herself. At this point none of the other children have approached her at all although P., a withdrawn child who wears glasses, observes her closely from a safe distance.

A lump of playdough was placed in front of R. and her hands placed on it. She gouged a piece of playdough out and, hol ing it with a loose-jointed grip spent nearly four minutes familiarizing herself with it by patting it on her face and smelling it deeply. She then dropped it to the floor deliberately and was told by Mrs. M. to pick it up. This she did with assistance from the teacher. She then continued to roll the playdough on her and smelling it. She then made finger shields of the playdough and continued to pat her face. She made no attempt to terminate this play activity herself.

While she was playing with the playdough, other children knocked over a pile of blocks and fighting broke out. R. did not jump but simply turned her head slowly toward the sound, signifying security and acceptance of the strange conditions. At present, R. plays alone although one boy (M.) and two girls (P. and S.) came and stood within two feet of her and watched her silently. She did not exhibit any awareness of their presence.

After ten minutes of this activity, R. set the playdough aside and began making washing motions with her hands. As she did this, a child made a loud car-motor sound to her left. R. again turned her head slowly

to the sound but did not cry or show any signs of nervousness. At the same time Mr. W. played the piano, blocks crashed, and children sang. R. remained at the table listening calmly.

Mrs. M., seeing that R. was apparently through with her playdough, assisted R. in cleaning up by placing a container in front of her and asking her to put the playdough in the bucket. R. seldom obeys on the first instruction, but this time she obeyed on the second request and continued her task, with prodding, until all the playdough was picked up. B., the first to try to touch her, attempted to hand her the playdough.

Next R. was given a paper towel and asked to help wipe the table. At first she made gross movements in the air. Assisted by Mr. M. she brought her hands to the table and made a scrubbing motion in an oval shape, using both right and left hands with equal skill and results. Five other children, boys and girls, helped in cleaning the table. As yet no questions or explanations have been asked or given concerning R's handicaps, although the children watch her cautiously and curiously and maintain a "no-man's land", between themselves and her.

As soon as R. was excused, she moved directly to the cupboard where the blocks are kept and removed them from the cupboard, exhibiting excellent sound orientation. Mrs. W. immediately interrupted R., telling her that it was time to put toys away, make the room neat, rest, and hear music. In what for passive R. was a major objection, R. asked if she had to go home and pointed out that no one had rested yesterday. Mrs. W. did not reply but asked if she should put the toys away herself or if R. would help.

Responding to the request for help, R. put the blocks away. She used her left hand after being touched on the left elbow. There seems to be no clear-cut dominance in her hands although she does use her right foot consistently.

Approximately forty-five minutes after her mother's departure (R. was not told of her going), R. discovered her absence and began to bellow. Her crying was of short duration (one minute and forty-five seconds) and ended when Mrs. W. asked her if she wanted to wash her hands or stay with Mrs. W. R. chose to sit on Mrs. W's lap and cuddled against her, sucking her thumb. P. also refused to go to the restroom but stood protectively close to R. When Mrs. W. started reading, the boys crowded around, brushing against R. who straightened up, removed her thumb, and smiled.

OBSERVATION II

11:00-11:15 A.M. January 26, 1971

R. was seated between two other children for the morning snack. She did not respond to the bowing of heads at the beginning of grace but instead found her crackers with her left hand and began eating them immediately after transferring them to her right. She was gently and kindly reprimanded and she put her cracker down and waited. She seemed very tired as her chin nearly rested on the table and she kept rubbing her eyes with traditional "sleepy child" gestures.

R. was not told that she had juice, and when she located the cup while randomly exploring, withdrew her hand as if burned. Returning with both hands held in a cup shape, she picked the cup up carefully, drank slowly, and kept one hand on the cup at all times until the cup

was emptied. She then abruptly left the table while others waited until they were excused and then cleaned up after themselves. R. was returned to the table, helped with her cleaning up, and given an explanation as to proper procedure for the future. She listened attentively, head cocked to the left.

Next, roll call was taken. R. made no response or recognition of her name. Mrs. W. seated R. beside her in the story circle. R. rose and walked around and then seated herself upon command. Mrs. W. continued to hold up a story book, giving very little verbal supplement. R. rose and began to climb the window ledge. Mrs. W. rose, retrieved R, and brought her to sit on her lap. R. smiled and repeated interrogatively, "Sit on Mrs. W.?" She sat during the rest of the story and Mrs. M. held P.

When it came time to go home, R. responded correctly to questions concerning earing of certain clothes such as leggings, boots, and hats. She indicated anxiety and eagerness to get home by promptly, obediently, and cooperatively following Mrs. W's instructions in helping to dress herself. She kept asking if she could go home to see Mommy and assisted in dressing herself by voluntarily pulling up her pants and struggling into the straps. She then traveled to the coat wall, removed her coat, and returned to Mrs. W. by voice cue. During the procedure of dressing R. laughed aloud and obeyed promptly.

OBSERVATION III

9:00-9:15 A.M. January 27, 1971

Today there were nineteen children present in the class since Wednesday is a "lap" day with several schedules in effect. R. was brought

to school by her mother who pushes and tows her. As soon as R. entered the door, she was grabbed by P. who untied her hat, then shoved R. back to her mother. Her mother shoved her to the coat rack where she removed R's leggings and coat and hung them up for her. Meanwhile, Mrs. W. placed the sleep mat in the cubby hole assigned to R. While R's mother and Mrs. W. conversed, R. went in a direct line to the monkey bars and proceeded to climb the ladder-like side. She did not locate the platforms inside the cage. After climbing to the top and hanging there for a while, she would leap into space, ignoring the procedure of descent. At all times during this activity she had a smile on her face and made soft barking noises apparently indicative of pleasure. From the monkey cage, R. followed a direct and accurate route to the cupboard of blocks signifying a remarkably accurate route memory. She then began removing the blocks methodically, clearing one shelf at a time, and placing the blocks in a random pattern on the floor, making no attempt to examine their shapes and figures as she did so. She was interrupted by Mrs. M. calling her to the playdough, and she went immediately to the same position in the same place as Tuesday. She made no attempt to vary her play activity of yesterday, but continued to pat her face and smell her playdough. However, she obviously takes great pleasure in this tactual activity as evidenced by her willingness to do it and the length of time she spends contently at it.

Just as she began to shred the playdough into small pieces, a new activity, the record player began to play. At first, R. remained expressionless, but then she broke into a smile and stamped her feet (no rhythm involved), something she apparently reserves for extreme happiness.

OBSERVATION IV

10:00-10:15 A.M. January 27, 1971

When it came time for the rest period, R. retrieved her blanket by herself and moved to the approximate place where she had rested yesterday. She had begun to tire as exhibited by squatting and sucking her thumb and frequent inquiries about whether it was time to rest. Prior to the rest period, the piano is played to signify clean-up time. R. rose, left her blanket, and started toward the music, smiling braodly. The music ceased. R. abruptly veered toward the toy kitchen where she began to throw toy pots and pans. This was apparently done in anger. Although her face remained expressionless and she did not vocalize, there was a great deal of force behind the throwing. Mrs. W. then took R's hand and was joined by P. in talking to R. and cleaning up the play cupboard. P., who is the only child wearing glasses, seems to be developing an increasing and protective interest in R.

R. broke away without finishing the cleaning up and shallowly explored a nearby plan chest for the first time. Mrs. W. took her to the cleaned playdough table which R. recognized as shown by smelling for the playdough. When it was time to wash the table, R. was given a sponge. This time she placed it on the table but continued to make stabbing motions, bumping the table randomly. For the first time, the other children started to make comments such as, "Be careful--she's a new girl. We have to be nice;" "Be careful--she's a blind girl!" and "Let her touch--she can't see." She left her drying towel abruptly and was assisted by Mrs. M. to the center of the room.

The children began to play a game where questions are responded to by the stamping of feet. R. responded by stamping, but it was difficult to tell if it were an appropriate response or her extreme happiness response. I am inclined toward the latter. For the first time R. began to tentatively touch the children near her in the circle.

The next game was one hwere fists were pounded on the floor to simulate thunder and fingertaps were done for rain. R. made no response to this game, even when sculpted into position and manipulated through it. R. rose suddenly, left her teacher, bisected the circle in a direct line for Mrs. W's lap, and seated herself upon it, sure of her welcome.

The next activity was singing "If You're Happy and You Know It." R. smiled broadly and chuckled aloud. Other children laughed in approval and stated, "She's happy. She likes this."

OBSERVATION V

11:00-11:15 A.M. January 27, 1971

R. began eating again before grace, but stopped herself when others commented upon it. She anticipatesthe routine by asking approximately five minutes in advance if it is time to start the next activity. For instance, near the end of the rest period, she kept rising to the balls of her feet to query if it were time to "Put mats away?" and "Drink juice?" She eats slowly and neatly with great concentration and care.

She refused to go for restroom duties again although three girls coaxed her to come with them. Instead she stayed clinging to Mrs. W. She promptly returned by Mrs. M. R. then placed the garbage in the paper cup and carried it to the wastebasket.

During show and tell, a once-a-week activity, R. performed her first aggressive act in attempting to wrest the surprise bab away from Mrs. W. who dissuaded her by explaining contents and I

During roll call R. did not respond to her name although she was urged to do so by the other children and teachers. The activity was postponed by a bathroom emergency on the part of a little boy, and R. took the opportunity to circle the room and explore. She marched rhythmically, swinging around the clear center of the room but always returning to the noise of the children. She wandered to the monkey bars, bouncing up the outer edge and then dropping fearlessly to the floor. She has not made any attempt to discover what is in the middle.

She again returned to the window sills and began to climb them. Mrs. M. stopped her, telling her how loose and shaky they were and that they were therefore dangerous. She then tested the other sills, climbing the first one that was steady, and in her mind, therefore, safe.

After resumption of show and tell, the question was asked, "Who brought this?" R. would demand tactual exploration and refused to surrender several items. She began anticipating leaving for home at 11:15.

OBSERVATION VI

9:15-9:30 A.M. January 28, 1971

R. clung to her mother today, refusing to release her hand. Her mother stated that she was so excited about coming to school that she had failed to eat breakfast and had expressed only anticipation. Her mother solved the conflict by telling R. that she would stay. R. then settled into playdough, rolling balls and shaping links, an activity

she learned yesterday under teacher's instruction.

R's mother then asked me if she should leave. I suggested that she tell R. the truth--not saying she's staying unless she means it since this could destroy R's trust in both her mother and her teachers. She then offered to come and help with R. on the days that the class is crowded. I discouraged her by saying that R. would expect her every day since she is too young to distinguish which day it is. I also pointed out that this was simply not the purpose of school or the procedure other parents followed.

Meanwhile, R. had busied herself with the playdough. Under Mrs. M's guidance, she rolled the playdough into a long sausage and attempted to cut it with a tongue depressor. She cut it with Mrs. M's guidance, but only stabbed the air while on her own. She exhibited enjoyment by her persistance and concentration.

Today R. was bothered by a cough. She does not cover her mouth despite repeated aid. While in many ways she exhibits good body awareness, it is only in locating parts of her body, not in doing anything appropriate with it.

After playing ten minutes with the playdough, R. began to bellow for her mother. Mrs. M. explained that Mother had gone home the way all mothers do and that this happens every day. Another child then brought R. some tissue. R. stopped crying to listen and accept tissue. R. then asked if she could wash and rest, apparently feeling that this would speed the return of her mother. Mrs. W. agreed to let her wash but explained that it was not time to rest.

OBSERVATION VII

10:30-10:45 A.M. January 28, 1971

During the sing-along, R. sat on Mrs. W.'s lap and pressed her head against her, obviously contented and relaxed. Overhead, the organ which R. is supposed to fear, played loudly, but R. took no notice and did not even cock her head in her attitude of listening. She made no attempt to sing along or give any response to rhythm.

When it was time to get the mats for rest period, R. wandered into the play kitchen area and had to be redirected to the cubbyhole. She does not respond to oral direction given from a distance, but must be directed by close and even physical contact. There does not seem to be consistency in response even in familiar and standard situations.

Upon locating her sleep mat, R. spread it out and requested a Mr. Rodgers' record. Mrs. W. obliged her. R. lay quietly for nearly three minutes, and then located D., a child here for the first time today but with whom there seems to be rapport. She pulled her mat next to D's with a smile, placed her arm across the small of D's back, occasionally smelling and stroking D's hair which D. accepted. The record was naming activities to fit emotions, and R. rose in an attempt to follow instructions. She was retruned to her mat.

OBSERVATION VIII

11:05-11:20 January 28, 1971

During roll call R. did not respond to her name but neither did many others. She began asking to get ready to go home. She was taken on human guide to the coat rack where she located her own clothes. Today she

demanded and was given maximum assistance in putting on her clothes, refusing to even pull her leggings to her waist. The only response to a command was that she willingly used the preschool procedure for putting on her coat by swinging it over her head. She laughs aloud when she does this.

OBSERVATION IX

9:05-9:20 A.M. January 29, 1971

Entering with a smile on her face, R. located the coat rack by trailing along the wall. She did not find her particular hook until she received assistance. She began to undress herself, succeeding in removing her coat and hat and starting on her leggings. Her mother shoved her toward a chair, neglecting proper techniques. R. fell on her bottom, whimpered, rose by herself, and employed the right techniques for seating. Her mother then continued to assist her in undressing but allowed much more independence on R's part. R. was also assisted by P., who was absent yesterday.

After undressing, R. returned to her clothes hook, leaving the room by accident. As soon as she entered the hall, she realized her mistake, stopped, stamped her foot for sound cue, but only returned when her mother called to her and directed her. She returned with a smile on her face.

Since entering the room she has had a smile on her face and has asked no questions about Mother leaving or staying. On her way to the playdough table, she stopped at the monkey bars and discovered the inside

for the first time. She made no attempt to explore them further, but continued quickly on her way. Perhaps this is indicative of her reluctance to welcome new experiences. She does not enter a new activity wholeheartedly, but must be eased into it gently and patiently.

At the playdough table, she held a large lump above the table and stabbed at it repeatedly in an attempt to recreate the play of yesterday. When Mrs. W. broke a smaller piece off, R. made no attempt to do anything but hold it. When J. suggested cutting rolls for butter cookies, Mrs. W. showed her how to break it into balls and press them flat for play cookies. She then showed her how to make a fist and pound the playdough. R. began stamping, her sign of great happiness in moments of satisfaction.

Mrs. M. came to the table and made big and little pieces of playdough. She explained the difference to R., and then R. chose the proper one on command and did it accurately and correctly.

While R. seldom responds to direct questions or volunteers information, she answered "yes" to the question of a big brother at home and volunteered that his name is D.

She investigated the scissors and responded promptly and correctly to "You have the scissors. What do you have?" She was unable to use them without assistance since she could not bring the paper between the cutting blades and keep it there.

She was then taken on human guide to the playroom. This was her first experience there. She made no attempt to explore it, although she expressed interest in the sliding board when taken to it. However,

she refused a ride on it by bellowing loudly. She made a second attempt after others rushed past her, climbing up and down and swuealing with pleasure. However, this ended when she was bumped by B. in the rush.

After returning to the main room for the day's clean-up, she seated herself on Mrs. W's lap for the group singing. She smiled and bobbed her head but did not participate orally.

OBSERVATION X

10:10-10:25 A.M. January 29, 1971

R. and D. teamed up on the sleep blanket. R. rested quietly only rising to her knees once during a LP record. At this time, R. rose and gathered up her mat. Mrs. W. returned it to the floor and had her roll it up correctly. She failed to return it to her section of the cupboard, seeming not to hear or feel directions or touch. Since she had a smile on her face, she may have been playing a game, although I feel that a possibility of brain damage definitely is possible. She is showing increasing independence in traveling to the bathroom, but her consistency of performance in traveling is erratic and she cannot be depended upon to follow safety techniques.

REPORT OF MOBILITY STUDENT

R. was just beginning to attend a preschool class in her neighborhood when I began working with her in January, 1971. In my first meetings with her I conducted her sighted guide between her home and the church where the class was held, and demonstrated some of the techniques to her mother, who was to take R. to and from school. I also examined the classroom and its layout, in which she was to attend.

Attempting to set up a time to work with R. in the classroom, I contacted her teacher who informed me that a vision specialist, Mrs. Charles Brown, was already working with R. and that my presence would allow too much confusion. After explaining to her my objectives in R's mobility, she agreed to incorporate some of my suggestions into her teaching plans. These suggestions were in the area of concept development: body awareness, directional concepts, relational concepts, etc., and in the use of trailing and landmarks for her movement about the classroom.

In this forced role as "advisor" I had several conversations with both R's mother and teacher in the remaining weeks to see how R. was adapting to and functioning in her new environment, and received most positive reports. At the end of my practicum I was permitted to observe R, and found her interacting with the other children and getting about the classroom safely and adequately using both trailing and sound cues in her movement.

Following is a statement by Mrs. Dolores P. Griffith, Director Christian Education, Mt. Lebanon United Methodist Church:

"We have really enjoyed R. You would have been delighted to have peeked in during our Vacation Adventure. She participated in all aspects of the program. Teachers were volunteers. R. did well. Perhaps we've all been able to prove that blind children need not be deprived of normal childhood experiences."

APPENDIX SIX

REPORT OF NURSERY SCHOOL TEACHER

R., 3 years 5 1/2 months, entered the nursery class as a member on January 25, 1971. Prior to this she had had a visit to the class when in session with her mother and her caseworker, and one subsequent and very brief visit to the room when no children were there. On the second trip she was accompanied by her mother, caseworker, and mobility instructor. R's mother stayed with her for the first few days of school. After that she remained only long enough for R. to hang wraps on her hook and establish contact with a teacher.

One month after entering school, R. started moving around the room freely without teacher suggestion and began exploring doors and halls. Six weeks after entry she was able to wash her hands in the lavatory and return to the room unsupervised.

At no time has she been rejected because of blindness, by any other child. She has made children angry by some of her actions and has had a very angry sounding "R. don't do that" in return. She was slapped when she took a dress-up hat off a girl's head. She has been shoved and bickered with when she wanted the same thing as another child. That same child would stop the bickering to help R. when the need arose. R. eventually rejected some of the "mothering" imposed on her by two of the girls by pushing them away. This in no way dampened their ardor. One of the boys expressed his interest in R. by trying to hug her. This was a safety problem because he hugged her around the neck. R. does not vocalize this discomfort to attract a teacher's attention.

Generally parents were surprised to learn of a blind child in class. In many cases their own child had made a statement such as

"R. can't see, she's blind" then dropped the subject. Some did not mention it at home.

At the end of four months, R. was not yet playing cooperatively with other children. She had a strong drive to join groups at play but succeeded only in disrupting them. She still seemed to need familiarization with most things and had not yet reached the stage of employing them in a constructive way.

Large class attendance and much noise were more disturbing to her than to any of the other children. She wanted to be held closely by the teacher and would cling even if not picked up or held.

R. passively enjoyed songs and finger plays and actively participated in the Elephant game and Bunny Bunny (hopping).

All children accepted the few special considerations for R. (her own coat hook and place at snack table) without expecting like treatment.

R. spoke very little in January and that was parroting what she had been told to say. By May she was initiating conversation and spontaneously expressing herself. She is not very verbal and speech does not seem to be easy for her.

Other children in the class apparently had no reaction to R. other than acceptance. They seemed to instinctively know her limitations with no outside interference. Nor did they give her more special privileges than they would accord any good friend.

We were delighted to have R.!!!

Her Knock Makes a Difference

When Mrs. Gayle Park knocks on the doors of homes in Allegheny County, she brings a bag of toys and tricks that can decisively affect the future of the child in that home.

Mrs. Park, an itinerant vision consultant, works with pre-school children with vision handicaps in a program funded for $15,000 under an ESEA Title VIA grant to the Exceptional Children's Program. Many of these children have multiple handicaps--some are victims of the rubella epidemic of a few years ago, and some are RLF babies (retrolentrofibroplasia--premature babies blinded in the incubator by the administration of too much oxygen).

Mrs. Park goes from home to home working as much with the children as with the parents--demonstrating educational techniques that might help an 18-month-old child learn to crawl using a crawl-a-gator, something like an oversize roller skate, or working with a six-year-old child on toilet training, a prerequisite for enrollment in a pre-school nursery or school program, or she'll encourage parents to enroll their three-year-old blind child in a nursery school and then try to find a nursery program willing to take a handicapped child.

Mrs. Park's program is a direct result of programs conducted during the past two summers with young visually-handicapped youngsters. "These programs point out that very young children can gain substantially from low-vision training," Mrs. Park emphasizes, "and that children function well and learn well in a nursery school setting. We also have found that parents can effectively use educational techniques and with our encouragement feel much freer to help their child."

The home visitation program has been refunded for $25,000 next year and service will be extended to institutionalized children. The Allegheny County program is being considered as a model for state-wide use. Plans next year call for the development of a toy library and expanded use of aides and use of student teachers who will work in homes and institutions.

It looks like a game but it's a serious one as Mrs. Gayle Park dangles musical toy to coax multiple-handicapped youngster to sit up as mother and young sister watch. After six months the child now can sit alone for a half hour--a monumental achievement for this 2-1/2-year-old boy.

During the year Mrs. Park and an aide worked with 26 children, and eight of these youngsters received daily or weekly visits. Children with visual handicaps are referred directly from time of birth in a cooperative program with the Developmental Clinic at Children's Hospital, and every opthalmologist in the county knows of the program.

"No public educational services are available for pre-school age children," Mrs. Park points out, "and as a consequence, many visually handicapped youngsters have little or no opportunity for any training at an early age, and then cannot benefit from formal schooling even when they reach school age. Some of these children are, at worst, needlessly institutionalized; some, with useful but unstimulated low vision must be educated as blind children, and some are finally educated as retarded children because it's too late to compensate for early unstimulated years."